STANDARD CERTIFICATE OF DEATH REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003: Registrary' NO. 8746 T. PLACE OF DEATH S. COUNTY D. CITY (II coulds corporate limito, write RURAL and dreg. C. LENGTH OF TOWN S. L. LOUIS D. CITY (II coulds corporate limito, write RURAL and dreg. C. LENGTH OF TOWN S. L. LOUIS D. CITY (II coulds corporate limito, write RURAL and dreg. C. LENGTH OF TOWN S. L. LOUIS D. CITY (II coulds corporate limito, write RURAL and dreg. C. LENGTH OF TOWN S. L. LOUIS D. CITY (II coulds corporate limito, write RURAL and dreg. C. LENGTH OF TOWN S. L. LOUIS D. CITY (II coulds corporate limito, write RURAL and dreg. C. LENGTH OF TOWN S. L. LOUIS D. CITY (II coulds corporate limito, write RURAL and dreg. C. LENGTH OF TOWN S. L. LOUIS D. CITY (II coulds corporate limito, write RURAL and dreg. C. CITY (II coulds corporate limito, write RUR	MILED COT T	mms.	THE DIVISION OF HE	•		33006
1. PLACE OF DEATH 2. COUNTY (If conside corporate limits, write RURAL and stree 3. COUNTY (If conside corporate limits, write RURAL and stree TOWN St.LOUIB 3. STATE MO. 2. CHTY (If conside corporate limits, write RURAL and stree TOWN St.LOUIB 4. STATE MO. 3. TAME OF 6. FULL MANK OF (If a lie is begind or institution, stree streets address or breaking) MISTITUTION 6155 Washington Ave. 3. NAME OF 1. Sabelle 1. Sabel	aled oct 1	. 1352	STANDARD CERTII	FICATE OF DEATH	State File No	************************************
b. CITY (If concide companies limits, write RURAL and give concentration) S. L. LOUIS S. LOUIS S. L. LOUIS S. LOUIS S. L. LOUIS S. LOUIS S. L. LOUIS S. L. LOUIS S. LOUIS S. L. LOUIS S. LOUIS S. L. LOUIS S. L. LOUIS S. L. LOUIS S. L. LOUIS S. LOUIS	BIRTH NO		REG. DIST. NO. 318			
TOWN St.Louis township STAY in place bears of Control o		ТН		II & STATE	E (Where deceased lived. If in b. COUNTY	stitution: residence before admission).
HOSPITALION S. NAME OF DECKASED. S. SEX S. COLOR OR RACE T. MARRIED. NEVER MARRIED. WILLIAM S. DATE OF BIRTH S. DECK S. DECKASED. T. MARRIED. NEVER MARRIED. WILLIAM S. DATE OF BIRTH S. DA	OR		JRAL and give c. LENGTH OF STAY (in this place	c. CITY (If outside corporate OR TOWN St.LO	_	whip)
3. NAME OF DECEASE OF LIGHT SHOULD BE ABBELLE BETT SHOULD BE ABBLLE BETT SHOULD BE	HOSPITAL OR	· .				
Table Harig OEATH Sopt.17,1952	NAME OF			!/	4 DATE (Month)	(Day) (Yesr)
SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED 1. MARRIED, NEVER MARRIED 1.		Isabelle	•	Harig	DEATH Sept.17	,1952
Da. JSJAL OCCUPATION (Cilva bind of sort) At HOME B. FATHER'S NAME Clemens Harig Clemens Harig Clemens Harig S. WAS DECASED EVER IN U.S. ARMED FORCEST To. No. or unknowna) II. BIRTHPLACE (Gity and State or Foreign Country) St. LOUIS 3 Mo. 14. NAME OF HUSBAND OR WIFE Caroline Brumswick II. NAME OF HUSBAND OR WIFE Caroline Brumswick II. NAME OF HUSBAND OR WIFE Caroline Brumswick II. NAME OF HUSBAND OR WIFE Caroline Brumswick III. NAME OF HUSBAND OR WIFE III. NAME OF HUSBAND OR WIFE III. NAME OF HUSBAND OR WIFE III. OTHER SIGNIFICATION III. OTHER SIGNIFICATIO			WIDOWED, DIVORCED (Specify)	1	9. AGE (In years) of thems	IITEAR FUNDERMES. Dags Hours Min.
13b. MOTHER'S MAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	ba. USUAL OCCUPATION done during post of working At Home	N (Give kind of work ag life, even if retired)	IOD. KIND OF BUSINESS OR IN- DUSTRY	II. BIRTHPLACE (City and		12. CITIZEN OF WHAT COUNTRY?
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs. carl Schulte, 6182 Kingsbury Blvd. 17. INFORMANT'S SIGNATURE OR NAME Mrs. carl Schulte, 6182 Kingsbury Blvd. 18. CAUSE OF DEATH Mrs. carl Schulte, 6182 Kingsbury Blvd. 19. CAUSE OF DEATH Mrs. carl Schulte, 6182 Kingsbury Blvd. 10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a) MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH'(a) Mrs. carl Schulte, 6182 Kingsbury Blvd. 10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a) Mrs. carl Schulte, 6182 Kingsbury Blvd. 10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a) Mrs. carl Schulte, 6182 Kingsbury Blvd. 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH'(a) Mrs. carl Schulte, 6182 Kingsbury Blvd. 12. ANTICEDENT CAUSES BLVG. INTERVAL BETWEE OR NAME ANTICEDENT CAUSES					NAME OF HUSBAND OR WIT	
NO. NO. CAUSE OF DEATH Inter oily one duties per inter oily one duties oily oily oily oily oily oily oily oily	Clemens Har:	ig	Caroline			
Security one cause per Death Chief and (c) This does not meen the mode of dying, such the beart failure, atthentia, attential attended to the death but not related t	Yes, no. or unknown) (If		of service) NO.			ADDRESS y Blvd.
Conditions contributing to the decit but not related to the disease or condition consing death. 9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 12b. PLACE OF INJURY (a.g., in or about bottle Home) 12c. (CITY, TOWN, OR TOWNSHIP) 12d. TIME 12	ine for (a), (b), and (c) *This does not mean he mode of dying, such is heart fallure, asthenia, te. It means the dis- are, infury, or complica-	ANTECEDENT CAI Morbid conditions, rise to the above co the underlying cour	USES , if any, giving DUE TO (b) use (a) stating to last. DUE TO (c)	mana Car	inomatois	3-1-57 9-1-58
9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO OPERATION 11a. ACCIDENT SUICIDE HOMICIDE	tion which caused death.	Conditions contribu	uting to the death but not			
21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE 21d. TIME (Mosth) (Day) (Year) (Hear) 21e. INJURY OCCURRED WHILE ALWORK ALWORK 21f. How DID INJURY OCCUR? 22f. Hat I last saw the decease alive on 1 f. 19 f., and that death occurred at 6:15 prs., from the causes and on the date stated above. 22g. Date Signed Power of the Course of the Cours	19a. DATE OF OPERA- TION				······································	
WHILE AT WORK AND WHILE AN	Zia. ACCIDENT SUICIDE HOMICIDE			21c. (CITY, TOWN, OR TOWN	(COUNTY)	
alive on 15, 1851, and that death occurred at 6:15 pm., from the causes and on the date stated above. 3a. SIGNATURE (Degree or title) 23b. ADDRESS AA. BURIAL CREMA- 24b. DATE SCOTT CALL STATE SIGNATURE A. NAME OF CEMETERY OR CREMATORY St. Louis, Mo. 24c. Location (City, town, or county) Calvary Cemetery St. Louis, Mo. 25 TUNERAL DIRECTOR'S SIGNATURE ADDRESS STP 18 1952 Call STATE SIGNATURE ADDRESS STEP 18 1952 Call STATE SIGNATURE ADDRESS STEP 18 1952 Call STATE SIGNATURE ADDRESS STATE	rid. TIME (Month) OF INJURY	· · · · · · · · · · · · · · · · · · ·	WHILEAT I'M NOT WHILE I'M	21f. HOW DID INJURY OCC	UR7	163x
MEMORIAL CREMA- ION BENOVAL Greater) Sept.19,1952 Calvary Cemetery St. Louis, Mo.		kat I attended th	deceased from Cosq. (, and that death occurred at			
Sept.19,1952 Calvary Cemetery St. Louis, Mo. MATE RECO BY LOCAL RESISTRAR'S SIGNATURE ADDRESS SEP 1 8 1952 Calvary Cemetery St. Louis, Mo. SEP 1 8 1952 Calvary Cemetery St. Louis, Mo. SEP 1 8 1952 Calvary Cemetery St. Louis, Mo. SEP 1 8 1952 Calvary Cemetery St. Louis, Mo. SEP 1 8 1952 Calvary Cemetery St. Louis, Mo.	39. SIGNATURE	Emmer	Dung HIND	3804 M	Geandblig	23c. DATE SIGNED 9-/8-50
SEP 1 8 1952 & Carl Smith monthur J. Lonnell 3840 Lindell Blvd.	TION, REMOVAL (Specify)			metery St	.Louis, Mo.	nty) (Stats)
(Licensed Embelmer's Statement on Riggies Side)	DATE REC'D BY LOCAL REG.	REGISTRAR'S SI	GNATURE MO		~ A	· · · · · · · · · · · · · · · · · · ·
		-ml	(Licensed Embelmer's	Statement on Reparts Side)	7	<u></u>

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CTATEMENT BY	LICENSED	EMBAI MED

I hereby certify that the body whose name is recorded on the reverse side of this	certificate v	vas embalo	ed by t	me, or by	··········
	Student	Embalmer	Xo		
corking under my personal supervision.	.	,,)		1	

WH/an Matte

Licensed Embalmer No. 2825
P. O. Address 3840 Line Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.